

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO  
**097856676**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3							53					
4		1					54					
5							55					
6		1					56					
7							57					
8		1					58					
9							59					
10		1					60					
11							61					
12		1					62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
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24							74					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.		1					TOTAL DEP.					
TOTAL CLAIMS	1	1					TOTAL CLAIMS					